author determined to try the effect of introducing his hand up the rectum. Under chloroform, in order to effect this object he attempted to dilate the anus, but finding this procedure impracticable he divided the whole structures back to the coccyx. The hand then easily passed —a long tube was inserted and warm soaped water was injected; the big mass at the top of the pelvis, was readily grasped with the hand and crushed, and after the arm was withdrawn, the whole of it was expelled. Eventually, the colon was thoroughly explored and cleared of feces. Sutures were then carefully inserted, a soft elastic catheter placed in the bladder, and opium administered. The bowels gradually resumed their normal functions without the use of aperients or enemas, and the patient has remained in this favorable condition for seven years.—*Brit. Med. Jour.*, Dec. 10, 1886.

H. PERCY DUNN (London).

XII. Observations Upon the Operation of Gastrostomy. By Mr. GOLDING BIRD (London). This surgeon having operated upon a patient suffering from epithelioma of the œsophagus, and already extremely weak, with death six hours after, records the following observations:—

The points of interest in the operation were:

1. That after a longitudinal incision below the ribs in the left linea semi-lunaris, the stomach, being contracted and with difficulty drawn down, the part of the stomach sewn into the wound was afterwards seen to be only 2 or 3 inches from the pylorus. This showed what Wilkes and Golding Bird had formerly noticed, *i. e.*, that "the semi-lunar line on the left side appears to be too far to the right in order to open the greater curvature of the stomach, unless at the time of exposing it and drawing it down to the wound in the parietes, it is also drawn over to the right so as to bring the left extremity more into view."

2. That while the stomach wall was held in the wound with blunt forceps it was rapidly and—as the post-mortem examination showed—securely fixed to the incision in the *fascial* structures of the abdominal wall by *continuous* silk suture. The skin was not included, partly to save more time in operating, partly with the hope

of forming a fistulous opening through skin and subcutaneous tissue which would be more easily controlled by a pad and be less likely than usual to permit of regurgitation of food and gastric juice.

3. That at the time of the operation a small meal of brandy and Valentine's meat juice was passed into the stomach through the wound by means of a hypodermic needle. Although the relief to the patient's symptoms thus afforded was only temporary, the method admits of the immediate introduction of food into the stomach without the risk of contaminating the peritoneum, and may be useful in other cases. At the post-mortem examination an epitheliomatons stricture of the œsophagus was found extending upward for five inches from the cardiac orifice of the stomach. The continuous suture had secured perfect adaptation between the stomach and the anterior abdominal wall. As the other organs were fairly normal, death had resulted from starvation.—*Brit. Med. Jour.*, May, 21, 1887.